

APR 5 1949

Artist William E. Scheele (Please print plainly)

Telephone No. None Address RD # 2 Mentor Ohio Zone No. _____

Please Enclose Registration Fee of \$2.00 (Check or Money Order) With Entry Blank

[illegible]

Permission to print prices on labels granted unless declined here

Entry blanks must be filled out and returned to the Museum on or before April 5, those postmarked later than April 5 will not be accepted.

Entries must be delivered at the Museum between 9 A.M. and 5 P.M. from April 9 to April 16 (except Sunday).

LIST OF CLASSES ON BACK